Health Information Technology Standards Committee
Summary of the June 30, 2010, Meeting

KEY TOPICS

1. Call to Order

Judy Sparrow, Office of the National Coordinator (ONC), welcomed participants to the 14th meeting of the HIT Standards Committee (HITSC). She reminded the participants that this was a Federal Advisory Committee meeting, with an opportunity for the public to make comments. Following this introduction, she conducted roll call.

2. Opening Remarks and Review of the Agenda

HITSC Chair Jonathan Perlin noted that this summer will be a busy one for HIT Standards work. He explained that a vision for interoperable health care will come together when the same type of evolution occurs as it did with personal computers and the use of the Internet. The real need for security surfaces when information exchange occurs, and the balance between a lack of structure and the highly structured is a theme that recurs in this work.

Committee Vice Chair John Halamka commented that with any project, there is always a process involving policy, background, a set of aims, and an objective criteria for success. From these emerge a set of requirements, specifications, policies, and then governing processes. With regard to the topics for discussion during this meeting, he explained that there are some gaps in thinking through the logical succession of achieving the goal of interoperable health care. This organizing principle framed the discussions for this meeting.

> **Action Item #1:** Minutes from the last HITSC meeting, held on May 26, 2010, were approved by consensus.

3. ONC Update: NHIN Direct Specifications; Standards and Interoperability Framework; Concept of Operations

Doug Fridsma of ONC presented a series of principles for consideration as related to the organization and need for a standards and interoperability framework. These principles fell into the following categories: managing the lifecycle, reuse, and semantic discipline. A move away from describing problems and towards a more computational model that will allow for the reuse of solutions is needed. ONC hopes to enable the ability to start working on solutions, not with a blank sheet of paper, but with a base of work that has already been initiated. Reuse should occur across the various stakeholders and business areas and lead to semantic traceability (as is the case with software development). In this way, when systems are developed, the information that is being exchanged can have its provenance correctly traced back.

Five principles for structure were presented for consideration in terms of organizing this activity: (1) representative participation, (2) transparency and openness, (3) responsiveness, (4) accountability, and (5) measurable and planned results. Doug Fridsma presented a slide mapping the standards and interoperability framework to the National Information Exchange Model (NIEM). He highlighted the segments of the NIEM process to demonstrate that it has to be iterative. A model, with exchange packages, will be created and mapped into the standards and interoperability framework. This will be assembled, documented, and then published and implemented.

It is important to recognize that this will not be a sequential set of paths, but rather a great deal of iteration. The NIEM process emphasizes data, whereas this project needs to include services and behaviors. Many of the standards and interoperability framework itself will be focus on documenting those standards and services. The other component is implementation testing. Work will be carried out in close collaboration with the National Institute of Standards and Technology (NIST) as it relates to the certification process, because the farther up in the process NIST is involved, the easier it will be to flow through to certification. In all of this work, there will be emerging pilot testing and certifications, and the need to publish these activities in a repository.

Doug Fridsma discussed "use case stewards," those who are responsible for walking each use case through its various steps. This is the person within the workflow who cares about getting the particular problem, or use case, solved and makes sure the work is not getting off track. ONC is going to try to accelerate through the NHIN Direct project within 9-12 months.

In Committee discussion, the following points were raised:

- Doug Fridsma explained that some current users of the NIEM have a Federal Advisory Committee serving as a high-level group of key stakeholders for governance. A significant underlying tension is that if every change in the model has to come back to the HITSC for action, it will cripple the Committee's responsiveness. That said, however, HITSC broad input will be requested for key decisions.

- Walter Suarez pointed out that it will be important to deliberately define education and outreach as an element in the process, and assign resources to it. Extension centers will play a role, but it will be important to explicitly state the functions of each element.

- Judy Murphy noted that this work focuses on exchange, but there is still the need to develop content in biology and the other sciences. This has to be addressed in terms of the development cycle, as well.

- Wes Rishel commented that implicit in this program will be an improvement over the Healthcare Information Technology Standards Panel (HITSP) in that in performing this process, the government will assure that all the written artifacts developed will be available publically, at no cost, and with the ability to be edited into cohesive documents rather than being simply pointers to documents. He recognized that the artifacts HITSP has been developing came from organizations that funded their work by selling them.

- Wes Rishel also noted that ONC works in an environment in which its work cycle is dependent on election cycles and the attention span of Congress. He urged that the Office try to carry out this project in the smallest steps possible, and defer meta-coordination of the entire effort until a better determination can be made of exactly what is being coordinated.

- David McCallie asked how this work relates to the efforts of HL7, IHE, and other independent standards organizations. Doug Fridsma noted said that there is a clear recognition of the need to engage these groups as active participants. The federal government has been tasked with selecting those standards that have been developed by independent standards organizations.

- Doug Fridsma pointed out that Linda Fischetti is examining how other countries are addressing these issues. Many other countries have decided to meet at the same time and solve some of these problems. The United States does not have that kind of convening organization—perhaps this will be identified as a need.

- National Coordinator for Health Information Technology David Blumenthal commented that this work is a clear public mandate to the ONC, and one that the Office cannot avoid. The passage of the Health Information Technology for Economic and Clinical Health Act (HITECH) did not indicate that the consensus process should end. However, there are timelines associated with this work, and the NHIN governance process is an approach to try to ensure those deadlines are met. In general, all parties agree on the goal, but there is not general agreement on the methods.

- Janet Corrigan explained that consensus does not equate to unanimity or even "super majority." It simply refers to a process that allows all voices to be heard and is transparent. Regarding ONC's process, it is important to crisply define the roles of various groups. Otherwise, those who do not like a decision at one level will figure out how to appeal to another, if they can. This slows the process down unnecessarily. Appeal mechanisms should be clearly indicated and incorporated where appropriate to prevent confusion and avoid having groups limit their participation if they feel as though their work will be undermined.

Following this discussion, Arien Malec of ONC presented an update on the NHIN Direct project. ONC has been working since March to create a set of specifications, drafting user stories that are motivating the specifications and then writing the specifications themselves. ONC is now moving towards pilots and developing all the necessary artifacts. The Office has a set of checks and balances on the work it is doing related to the NHIN project; these checks and balances are being used as a pilot of the full standards and interoperability process.

Arien Malec commented that there has been a large amount of positive coordination ONC has experienced in defining the key policy considerations that go into this work. A tiger team has been formed to carry out additional policy framing work for the project to move into pilot implementation. Additionally, a review of technical and policy considerations has been carried out. It is anticipated that as this project moves into the pilot implementation phase, ONC will present preliminary findings and recommendations to the HITSC.

Arien Malec then discussed an NHIN Direct Project consensus proposal. He indicated that he places less emphasis on indicating that there is consensus compared with providing outcomes to providers in terms of coordination of care. He originally assumed that 8-10 organizations would be willing to help with this work. Instead, there are approximately 60 such groups. ONC is working with a large and diverse group of stakeholders from a range of government agencies and a set of HIT technology providers serving a variety of markets, from largest technology organizations in the country to very small ones. Out of this process ONC learned the following: (1) support for services that "meet providers where they are" is needed (2) strong support also is needed for HIE profiled SOAP services by electronic health record (EHR) and health information exchange (HIE) technology vendors of all sizes and target markets, and (3) existing health care standards need work to be policy neutral for these uses.

The NHIN Direct project consensus proposal:

- Supports SMTP +S/MIME as the minimum backbone protocol
- Endorses use of strong content metadata
- Supports XDR for existing and future NHIN Exchange participants
- Encourages development of exchanges that support both SMTP and a modified XDR specification to support a bridge to NHIN Exchange.

The next steps for the project include continued collaboration with the HITSC and HIT Policy Committee (HITPC), detailed project work, and collaborating with IHE to modify XDR specifications to better meet the policy guidelines and usage needs.

In discussion, the following points were made:

- Arien Malec emphasized that the most important goal is achieving better clinical outcomes for the country. He is impressed the strong desire to make this work in the real world, from the largest to the smallest organizations, and is starting to see a transition in the U.S. healthcare system, whereby large and small practices are starting to feel connected from both business and outcomes perspectives.
- David Blumenthal reminded Committee members that the point has been made repeatedly that policy needs to precede technology. He noted that the work of the HITPC on the meaningful use framework represents an enormous step forward in policy related to HIT and continues to evolve. Some areas are less developed than others, in particular privacy and security, because they are such complex subjects that they must have much more careful and complete involvement of the public.
- One committee commented that the consensus proposal does not make it sufficiently clear who bears the burden of the XDR activity. It is sensible that the NHIN Exchange side should bear complete responsibility to do the transform up and down to get the message across the SMTP. That specification must be clear. Also, SMTP should be the only backbone, rather

than *the minimum backbone*. This relates to a governance concern, which is that the original user stories for NHIN Direct are not going to be the only activity for which NHIN Direct is envisioned. Eventually, bidirectional synchronous messaging is desired, and this is not supported by SMTP. RESTful architecture would easily support this process.

- David Blumenthal said it is absolutely their intent that there be a path of evolution from NHIN Direct to NHIN Exchange, and that the processes that are built in will be compatible.

4. NHIN Governance

ONC's Mary Jo Deering explained that this discussion represented the first step in establishing the NHIN governance process. In early August, ONC will issue an initial request for public comment, and ONC is asking for HITSC input on what should be included in that request. The final rule will be published in the summer of 2011. Last week, she spoke to the HITPC and during this discussion, she hoped to hear from HITSC members on what kinds of questions must be asked to get to the right governance framework. The scope of NHIN governance encompasses: (1) agreed upon business, policy, and legal requirements; (2) transparent oversight; (3) enforcement and accountability; (4) identity assurance; and (5) technical requirements. Mary Jo Deering presented a series of guiding questions related to each of these components. The ONC intends to hold a set of joint hearings with HITSC and HITPC members in early September to help shape the Notice of Proposed Rulemaking related to NHIN governance.

In discussion, the following was noted:

- Mark Overhage said that one of their challenges is trying to address issues of policy and process for a number of related activities. There are many activities and processes that fall under the NHIN. He suggested that there are particular components that, through identifying clear use cases, the governance and process might be different. Mary Jo Deering acknowledged this, adding that it raises the question of where the level of granularity should be set. Where are the urgent priorities? Also, knowing that the rulemaking process takes a long time, what can be created that is flexible enough to evolve over time?

- Walter Suarez commented that he sees many questions related to trying to frame the scope. One element he did not see described is the structure itself.

- Jim Walker proposed that the standards of documenting the cost of compliance be adhered to before anything is designated as either preferred or mandatory.

- Carol Diamond suggested that one way to get more precise input is to provide more precise constraints in the way these questions are asked. Some might be answered four different ways depending on which element of NHIN the person might have in their mind when they are providing input. She also suggested triaging elements of governance that are pressing from a time standpoint.

5. Privacy and Security Tiger Team Update

Deven McGraw reminded Committee members that the tiger team was created to resolve issues that have some degree of time sensitivity issues associated with them. The team is solving policy issues, but with an understanding of what technology can and cannot do embedded within its discussions. The team will be working on several topics this summer; the first item the team has brought to the Committee's attention is direct exchange models of message handling, with two overarching questions (what are the policy guardrails for message handling in directed exchange and who is responsible for establishing the trust when messages are sent?).

Four categories of message handling also were identified:

- Model A - No intermediary is involved (exchange is direct from message originator to message recipient).

- Model B - The intermediary only performs routing and has no access to unencrypted personal health information (PHI) (the message body is encrypted and the intermediary does not access unencrypted patient identification data).

- Model C - The intermediary has access to unencrypted PHI (i.e., the patient is identifiable) but does not change the data in the message body.

- Model D - The intermediary opens message and changes the message body (format and/or data).

The tiger team offered a series of recommendations regarding directed exchange, as follows:

- Unencrypted PHI exposure to an intermediary in any amount raises privacy concerns.

- Fewer privacy concerns for directed exchange are found in models in which no unencrypted PHI is exposed (i.e., models A and B). ONC should encourage the use of such models.

- Models C and D involve intermediary access to unencrypted PHI, introducing privacy and safety concerns related to the intermediary's ability to view and/or modify data. Clear policies are needed to limit the retention of PHI and restrict its use and re-use.

- The team may make further privacy policy recommendations concerning retention and reuse of data. Model D also should be required to make commitments regarding accuracy and quality of data transformation.

- Intermediaries who collect and retain audit trails of messages that include unencrypted PHI should also be subject to policy constraints.

- Intermediaries that support models C and D require contractual arrangements with the message originators in the form of Business Associate agreements that set forth applicable policies and commitments and obligations.

The tiger team recognizes that there is risk when data is exposed in transport. Therefore, the model chosen for the exchange, to the extent that there is an intermediary for the transport, will not allow access to the data unless it is specifically necessary to add an encryption level or carry out some other specifically prescribed task. If the intermediary does have need to access the data, then there is a need for associated policy rules. If the intermediary does not need the data to perform a specific function, then it should not be able to access it.

The team also offered recommendations around who should be responsible for establishing exchange credentials:

- The responsibility for maintaining the privacy and security of a patient's record rests with the patient's providers. For functions such as issuing digital credentials or verifying provider identity, providers may delegate that authority to authorized credentialing service providers.

- To provide physicians and hospitals (and the public) with some reassurance that this credentialing responsibility is being delegated to a "trustworthy" organization, the federal government (ONC) has a role in establishing and enforcing clear requirements and policies about the credentialing process, which must include a requirement to validate the identity of the organization or individual requesting a credential.

- State governments can, at their option, also provide additional rules for these authorized credentialing service providers.

The tiger team will do additional work on the role of transparency for patients around directed exchange. At a minimum, Deven McGraw said, patients need to understand what is happening with their data that it is being exchanged. This was not a concrete recommendation from the team because the team will be doing some work on the definition of "transparent." On the day before this meeting, the tiger team held a hearing about the state of the technology for managing patient consent. Deven McGraw's own assessment is that there are some developments in the technology that are important, but also some limits to its scalability and how it can be applied.

A discussion followed, during which the following points were made:

- John Halamka suggested using the term "services provided" instead of "categories of message handling."

- Deven McGraw said that it is correct to think of having a business agreement as an enforcement of policy, rather a statement of policy. Many people might think of this as appropriate for the Health Insurance Portability and Accountability Act (HIPAA).

- Walter Suarez commented that this reminds him of conversations years ago about HIPAA transactions. This same analysis of intermediaries was undertaken. In every transaction, there is at least one intermediary, and sometimes more. There is always the issue of multiple intermediaries. He indicated that even the "B" intermediaries should establish contractual, business associate agreements.

6. Enrollment Workgroup Update

Before Aneesh Chopra's presentation began, Jonathan Perlin acknowledged John Derr for a report he submitted for the Committee's consideration. The work is a roadmap and a consensus document for health IT and post-acute care. The Committee will review the report and discuss it at its next meeting.

Aneesh Chopra updated the Committee the activities of the Enrollment Workgroup, which is a joint venture between the HITSC and HITPC. The Workgroup's charge is to offer recommendations on the issue of enrollment in the coming months to assist in developing recommendations for the National Coordinator by September. Specifically, the Enrollment Workgroup must inventory standards already in use, noting the gaps, and suggesting candidate standards that should be encouraged as well as any processes to close gaps in these areas:

- Electronic matching across state and federal data
- Retrieval and submission of electronic documentation for verification
- Reuse of eligibility information
- Capability for individuals to maintain eligibility information online
- Notification of eligibility.

The group will create a set of deliverables, to include an inventory of standards-based data exchange in use today, candidate standards for data elements and messaging, and a proposed process to fill in gaps to rapidly turn "requirements" into working prototypes/live implementations to deliver world-class eligibility and enrollment services. Standards requirements must include multiple modalities for the portal (online, mail, or phone-based systems).

Aneesh Chopra presented a revised version of the Workgroup's draft policy principles:

- Standards and technologies must support and be in service to these policy goals:
  - Put the consumer at the center.
  - Make the enrollment process less burdensome—simplify eligibility process and make it seamless.
  - Enter/obtain information once, reuse for other purposes.
  - Make it easier for consumers to move between programs.
  - Focus on the 2014 world.

The Workgroup also has a draft set of standards principles:

- Standards and technologies must support and be in service to these policy goals:
  - Keep it simple—think big, but start small.
  - Do not let "perfect" be the enemy of "good enough."

- Keep the implementation cost as low as possible.
- Do not try to create a one-size-fits-all standard.

Aneesh Chopra noted that the group must focus on engineering to the constraints of the real world. "Affordable engineering" is going to be a guiding principle. The Enrollment Workgroup has a draft of a base use case under discussion. This is a consumer-facing Web portal that allows applicants to: (1) identify available services for which they might be eligible, (2) conduct initial screening and enrollment checks, (3) retrieve electronic verification information from outside sources, (4) determine eligibility or forward an eligibility "packet" (screening information and verification information) to programs for final determination, and (5) store and re-use eligibility information. This would support a number of policy scenarios (e.g., exchange portal, Medicaid/TANF/SNAP portal, combined portal).

In discussion, the following points were raised:

- Chris Chute posed a rhetorical question: when dealing with the linkage of core information, what about the identifier problem? He commented that it seems highly inefficient to engage in this kind of process, particularly with regard to highly confidential information, when everything is in place except the core. He emphasized that this was a rhetorical question, but noted that from a public input perspective, he felt compelled to raise the obvious point, which is that this would all be infinitely more effective and efficient if some sort of designated identifier was used. Aneesh Chopra commented that suggestion goes against current policy, and that the Committee must work within the constraints of current policy. He suggested that Committee members and other interested parties read John Halamka's blog for additional information.

- John Halamka clarified that Aneesh Chopra was referring to a voluntary opt-in identifier that he detailed in his blog. For this identifier, there could be multiple service providers that would provide a URL that is persistent as a place to hold one's identity and health care information. President Clinton signed an Executive Order prohibiting the creation of a singular national health care identifier.

- David McCallie noted that a draft document related to creating federal standards for identity was released for public input in the week preceding this meeting and asked if this should be tied to the Committee's efforts (particularly those of the Enrollment Workgroup). Aneesh Chopra urged Committee members to engage in this public input process.

- One Committee member was pleased that call centers and other means of outreach had been included. One state recently tried to create an automated system, and it was not effective, with college-educated users unable to complete the process. The entire effort was eventually scrapped and demonstrated that this is not an intuitively obvious process; the usability aspect of a portal is important with regard to standards.

- Aneesh Chopra mentioned that on the day after this meeting, the Web site Healthcare.gov will go live. It will allow users to answer a few questions, enter their zip code, and get

information about all the available health care options for them in their area. In October, pricing information will be added.

- Chris Chute noted that upcoming items for consideration will include enrollment, de-enrollment, and re-enrollment. These issues are substantially more complicated. One goal is identifying ways to combine the administrative and clinical data in a usable fashion.

- Aneesh Chopra Committee members representing the hospital community to engage their billing and finance staff. When someone uninsured comes in and a hospital finance person tries to get them enrolled in a program, how does that administrator do that work, and where do they get frustrated?

7. Clinical Quality Workgroup Update on Survey

Janet Corrigan provided an update on the retooling of 2011 meaningful use measures. The first sizable batch of measures has been released. The results from an environmental scan, in which meaningful use measures for 2013 and 2015 were identified, were released. In addition, there is a fast-track project that the National Quality Forum (NQF) is conducting at the request of ONC to help the HITSC and HITPC in its work.

Floyd Eisenberg discussed the 2011 meaningful use measure retooling effort. The Clinical Quality Workgroup has delivered 44 ambulatory measures with a human-readable format and spreadsheet containing all code lists. Clinical Quality Workgroup members used the quality data sets, applied logic, and provided lists of codes and value sets for each element. In doing so, a number of lessons were learned to make this process more efficient for the future. The Workgroup will be able to develop a list of common issues to help move the entire process forward to the point where measures can be electronically defined. An authoring tool for this activity is in development.

Janet Corrigan noted that this process demonstrates that many value sets are going to be generated. A solution will be needed that identifies who will manage the repository of value sets. Jamie Ferguson noted that the Clinical Operations Workgroup is in the process of planning hearings on that topic.

Floyd Eisenberg presented the results of the environmental scan, in which 12 health care systems were queried and 9 responded. He listed a number of measures that they received from the respondents.

Janet Corrigan discussed the NQF fast-track project aimed at producing information that will inform policy decisions for the HITPC and HITSC in the fall. The NQF has been asked to identify the types of measures that would be appropriate for 2013 by pulling together several streams of information. Those streams include the environmental scan, comments received on 2011 measures, a list of measures that the Beacon Communities have started to assemble, and the work of a small thought group co-chaired by Janet Corrigan and Elliot Fisher that is reviewing 2015 measures and backing some of those into 2013 measures.

Committee discussion highlights include the following:

- In response to a question about measures for specialty practices, Janet Corrigan indicated that it is a significant challenge to push through measures that apply to the many specialties. Preference is being given to measures that apply to most or all specialties.

- Judy Murphy pointed out the need for nursing-sensitive measures.

- Janet Corrigan responded to a question about whether a roadmap exists comparing this work to the work of other standards organizations. One roadmap that catalogs all of the payment-based programs is almost complete.

8. Clinical Operations Workgroup: Electronic Document Standards for Discharge Summary and Other Encounter Summaries

Jamie Ferguson presented the latest work of the Clinical Operations Workgroup, beginning with a problem statement: Implementers of CCR and CCD for transfers of care also need other standard document types (e.g., inpatient discharge summary, ED discharge summary). These documents may contain specialized content not found in CCR or CCD (e.g., discharge diet, surgery description, surgical operation note findings, estimated blood loss, chief complaint).

The Workgroup received a request to provide input on document standards for discharge summaries and other purposes. Workgroup members reviewed the existing standards—CCR and CCD—and found they have exactly the same template content, but there were some items missing. Jamie Ferguson also discussed the framework of the documents and their relationship to one another, summarizing them by saying that "CCR + CDA = CCD."

In discussion, the following points were raised:

- Carol Diamond pointed out that one of the disadvantages of a document-based approach is that there are an infinite number of documents. She also asked about public health reporting, which requires different fields. She asked if there was a more efficient, modular approach to the EHR so that the necessary fields can be harvested in a useful way. Jamie Ferguson acknowledged this need but reiterated that work must remain within existing standards.

- Nancy Orvis indicated that the Department of Defense (DoD) could offer a sample of its template. The DoD is very much committed to using XML standards, and if any organization wanted to obtain a discharge summary from a military health care system, there is one standard way to get it. Yet, the DoD finds itself in a situation in which it has a catalog of more than 2,000 forms that have been used over the last 75 years that still have to be part of the record. Federal agencies that provide health care must keep those records for 75 years. Nancy Orvis also commented that the CCD was not intended to be the basis of all documents. It was created for one particular need—the transfer of care from one doctor to another. The CCD is a very constrained use case. Clinical Operations Workgroup and Committee members must keep in mind the fact that they are building longitudinal records, and there are multiple ways that those records will need to be searched.

- David Lansky noted that medicine is about trajectory, and not just about the patient's current state. Health care providers need to be able to reconstruct the patient's story, not just get a current snapshot.

- Carol Diamond clarified that her comments are about the chassis of the CDA, the longitudinal strategy, and less about the purpose of the information.

Discussion on this topic will be continued during the next HITSC meeting.

9. ONC Update: Temporary Certification Program

Steve Posnak of ONC provided a brief update on the temporary certification program. In March, a Notice of Proposed Rulemaking for temporary and permanent certification programs was published. Both went through a public comment period, and the final rule for the temporary certification program was published recently. This is the major first step that will set in motion many activities relating to meaningful use and helps establish the method for ONC to certify testing bodies. It also defines the parameters for those testing bodies and what is necessary for the certification of systems, and of modules within systems.

Carol Bean discussed upcoming activities. ONC is in the final stages of preparing the applications for distribution to those who desire to achieve authorization to test and certify EHR technologies. These organizations will be called Authorized Testing and Certification Bodies (ATCBs). Once a completed application is received, an internal review board will have 30 days to reach a decision. All of the authorized bodies will be posted on ONC's Web site, with relevant contact information. By late summer, Carol Bean expects that there will be operational ATCBs. Anyone group seeking certification will work directly with an ATCB.

All of the products certified by the ATCBs will be aggregated and listed on a Certified Health IT Product List (CHPL). Anyone looking to purchase a system or a module would be able to go to this one site to get information about all of the certified products. In early 2011, there will also be a method to see whether a combination of modular systems, working together, satisfy the meaningful use requirements.

Judy Murphy noted that one question moving forward is how the timing will affect those hospitals who want to start on October 1.

10. Public Comment

Tom Leary of the Health Care Information and Management Systems Society reported that he is submitting a letter of support for the HITSC Clinical Operations Committee Task Force recommending a single office or entity responsible for disseminating all vocabulary sets.

Dan Rody of the American Health Information Management Association offered congratulations on the work related to terminologies classifications. However, he indicated that his organization cannot completely endorse the work, because it focuses only on meaningful use. The community

has a need for term classifications much larger than that. His organization would like to recommend that the ONC consider the National Library of Medicine to oversee such a governance.

Jane Vocal, President-Elect of Nanda International, offered her organization's support in developing nursing vocabularies. Nanda International has been working since the 1970s on semantic issues and nursing codes.

SUMMARY OF ACTION ITEMS

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